

Consent Form for Participation in the Research Project

Written at

Date

Name Age years

Residing at House No. Road

Village No. Subdistrict

District Province

Postal Code

Telephone

Hereby make this document to the Principal Investigator as evidence to show that:

No. 1. I have been informed of the research project of (Principal Investigator and Team)

.....

Title:

.....

No. 2. I consent to participate in this research project voluntarily, without being forced, threatened, or deceived in any way, and I am willing to cooperate in the research.

No 3. I have received explanations from the researcher regarding the research objectives, research methods, expected outcomes, including safety, subsequent symptoms, and potential risks, as well as the benefits to be gained from the research in detail (from the attached research document - if any).

No. 4. I have been assured by the researcher that personal information or any information related to me in the research will not be disclosed.

No. 5. I have been informed by the researcher that if any harm occurs during or after the research, which can be proven by experts from the institution regulating that profession that it resulted from the said research, I will be protected in the rights I am entitled to, such as expenses for medical treatment, compensation for lost income during such medical treatment according to the minimum wage standard under the law from the researcher and/or research sponsor, as well as the right to receive compensation for any disability that may occur from the research according to the minimum wage standard under the law. If I suffer harm from the

research leading to death, my heirs shall have the right to receive such compensation and remuneration from the researcher and/or research sponsor on my behalf.

No. 6. I have been informed that I have the right to withdraw from participation in this research project at any time, and such withdrawal will have no impact on receiving expenses, compensation, and remuneration under No. 5 in any way.

I have read and fully understood the contents of this document, and find them correct according to my intentions. Therefore, I have signed my name as evidence, along with the Principal Investigator, and in the presence of witnesses.

Signed Participant Giving Consent

(.....)

Signed Principal Investigator

(.....)

Notes:

1. In the case where the person giving consent cannot read, the researcher shall read the contents of this consent form to the person giving consent until they fully understand, and the person giving consent shall sign or affix their thumbprint to acknowledge such consent.
2. In the case where the person giving consent is under 20 years of age, a legal guardian must also provide consent.